

KANSAS INFANT-TODDLER SERVICES



1999 - 2000 ANNUAL REPORT

KANSAS INFANT-TODDLER SERVICES

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INFANT -TODDLER SERVICES - WHO ARE WE?

- U A comprehensive, statewide system of community-based, family-centered services for young children and their families.
- U Assist families in meeting the special developmental needs of their infants and toddlers with developmental delays or disabilities.
- U State lead agency - Kansas Department of Health and Environment (KDHE)
- U Federal lead agency - Office of Special Education Programs (OSEP) in conformance with Part C of the Individuals with Disabilities Education Act (IDEA)
- U Collaboration with other state and local agencies to assure a comprehensive system of early intervention services; Social and Rehabilitation Services, Kansas State Department of Education, Kansas Insurance Department, local health departments, mental health, Head Start, Parents As Teachers, school districts, physicians, and others
- U 37 self-defined community networks across Kansas providing early intervention services, child find/public relations activities, referral, eligibility determination via evaluation, development of an Individualized Family Service Plan, ongoing assessment, family services coordination, transition
- U Over 50 local interagency coordinating councils (LICCs) assisting in the coordination of services
- U Individualized intervention services based on the strengths and needs of each child and the concerns of the family
- U Family-centered and family-guided services
- U Services are provided in the child's natural environment
- U Personnel who meet the highest requirements in Kansas applicable to a specific profession or discipline
- U Guarantees of procedural safeguards concerning resolution of conflicts, access to records, and confidentiality of information
- U Intervention services that might include any of sixteen different services such as occupational or physical therapies, coordination of related medical or other health services, assistive technology, special instruction, information and referrals for families, speech-language pathology, audiology, and other services as they relate to the needs of the child

MISSION OF EARLY INTERVENTION IN KANSAS



The mission of early intervention in Kansas is to ensure the availability of a collaborative, comprehensive, family centered service delivery system which meets the developmental needs of all infants and toddlers who have delays or disabilities; which helps families develop their capacity to deal with these needs; and which occurs in natural settings. The system should also enhance the capacity of providers to identify, evaluate, and meet the needs of the historically under-represented population in Kansas.

Principles guiding this system:

- The family is the most influential fact in a child's life.
 - Needs change rapidly during the child's first three years; services should be flexible.
 - For effective services, they must be individualized to meet the needs of the child and family.
 - No one agency or program can offer the full array of early intervention services that a child and family may need.
- The Kansas Department of Health and Environment (KDHE) is the lead agency which assures that the mission of early intervention services is fulfilled.
 - The Coordinating Council on Early Childhood Developmental Services supports this lead agency in its efforts to achieve a seamless system of family-centered, collaborative services.
 - In Kansas, 37 self-defined community Networks execute the mission via
 - Child find activities and referrals;
 - Eligibility determination by team evaluation;
 - Ongoing team assessment and development of service plan for eligible children;
 - Services/supports provided in natural environments;
 - Transition assistance when children leave the system.

COMMUNITY NETWORKS AND LOCAL INTERAGENCY COORDINATING COUNCILS

There are 37 Kansas community early intervention networks that coordinate services locally. These self-defined, interagency, multi-disciplinary networks vary in size and membership based on the unique needs of each local community. Kansas has over 50 local interagency coordinating councils (LICC)s which work in conjunction with the local community networks. The LICCs consist of parents and other key individuals from a variety of public and private agencies and organizations involved in the provision of services for children. They collaborate so that a community based system of early intervention services may be provided.

Networks and Counties Served

Arrowhead West, Inc. - Barber, Clark, Comanche, Edwards, Ford, Gray, Harper, Hodgeman, Ness, Kingman, Kiowa, Meade, Pratt

Bright Beginnings - Butler County Infant-Toddler Services
Butler

Children & Families Network - Finney, Grant, Greeley, Hamilton, Haskell, Kearney, Lane, Morton, Scott, Stanton, Wichita, Stevens

Clay, Washington, Marshall ICC - Clay, Washington, Marshall

Cloud/Republic ICC - Cloud, Republic

Coffey County ICC - Coffey

Douglas County Infant-Toddler Coordinating Council - Douglas

Early Childhood Committee Dream Team - City of Atchison

Early Childhood Coordinating Council - Rawlins, Sheridan, Sherman, Thomas, Trego, Wallace, part of Lane

Early Childhood Coordinating Council of Atchison and Jefferson - Atchison, Jefferson

Flint Hills Special Education Coop - Chase, Lyon, Morris, Greenwood

Geary County Infant-Toddler Services - Geary, Fort Riley

Harvey County Infant-Toddler Program - Harvey

Hays Interagency Coordinating Council - Ellis and part of Rush

Infant-Child Development - Dickinson, Ellsworth, Ottawa, Saline

Infant-Toddler Services of Johnson County - Johnson

Infant-Toddler Services Network of Riley County - Riley

Jewell/Lincoln/Mitchell County ICC - Jewell, Lincoln, Mitchell

Kid-Link/DSNWK - Norton, Osborne, Phillips, Rooks, Russell, Smith, and part of Decatur

Lakemary Center Infant-Toddler Program - Anderson, Linn, Miami, part of Franklin

Leavenworth County Early Childhood Coordinating Council - Leavenworth

Marion County Early Intervention Services - Marion

MCKIDS (McPherson County, KS, Infant Developmental Services)
McPherson

Northeast Kansas ICC - Brown, Doniphan, Nemaha, Jackson

Osage County ICC Infant-Toddler Services - Osage and western Franklin

Ottawa-Wellsville ICC - Part of Franklin (boundaries of USD 289 and USD 290)

Parents and Children Together - Seward

Pottawatomie/Wabaunsee Infant-Toddler Program - Pottawatomie, Wabaunsee

Prairie Band Potawatomi Indians - Potawatomi Reservation

REACH Preschool - Cowley

Reno County Early Intervention Program - Reno

Sedgwick County Early Childhood Coordinating Council - Sedgwick

Shawnee County Infant-Toddler Services - Shawnee

Southeast KS Birth to Three Program - Allen, Bourbon, Chautauqua, Cherokee, Crawford, Elk, Labette, Montgomery, Neosho, Wilson, Woodson

Sumner County ICC - Sumner

Sunflower Diversified Services, Early Education Center - Barton, Pawnee, Rice, Stafford, and part of Rush

Wyandotte County Infant-Toddler Services - Wyandotte



Information exchange between the Kansas Infant-Toddler Services staff and the local networks and thereby to service providers, program administrators, families, and other interested community partners, is accomplished through quarterly regional meetings conducted at various locations across the state. These meetings/workshops provide training on such topics as the Individualized Family Service Plan (IFSP) process, newborn hearing screening, federal regulations, autism, data collection, and natural environments. The meetings also facilitate networking and collaboration across community network lines.

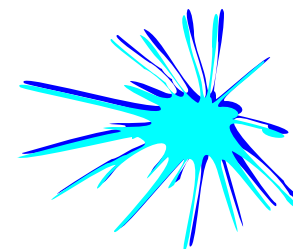
Another means of communication with the networks, implemented within this reporting period, is meetings of the infant-toddler network coordinators in Kansas with Kansas' Infant-Toddler Services Coordinator. These meetings are held three times a year. Discussion of program issues, grant development, monitoring, IFSP development, self-assessment, and services to children in the foster care system are some of the elements of infant-toddler services that were covered over the past year.

Additionally, Kansas Infant-Toddler Services publishes a quarterly newsletter called *ITS NEWS*. Information published in this newsletter includes topical subjects

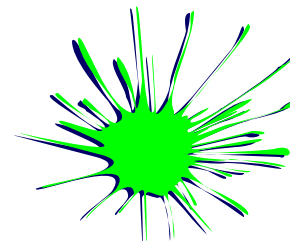
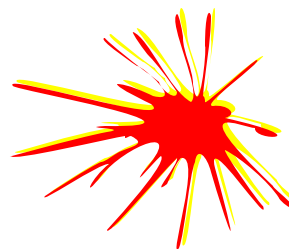
such as upcoming state conferences, new state or federal regulations, resource information, and a calendar of events. *ITS NEWS* has a circulation of approximately 700 recipients. It reaches all community early intervention networks, health departments, special education offices and cooperatives, and state and local interagency coordinating council members. The newsletter is also mailed to parent groups, families, state agencies, university contacts, and service providers.

Technical assistance and training are available to the community early intervention networks and local interagency coordinating councils (LICCs) to assist in program development, to respond to self-assessed needs, and to assure compliance with state and federal program requirements.

To assist with network compliance, guidelines developed by representatives from state and local programs assure network accountability. The document developed identifies the protocol Kansas Infant-Toddler Services will use to work with the networks to resolve issues identified in the site review process and issues which require mediation. Technical support is then provided to networks in need of remediation to facilitate compliance, and to improve services to children and families.



"Bug" by Jake (age 2½)



REFERRAL/EVALUATION

Identifying children eligible for infant-toddler services and referring them to appropriate services as early as possible is part of the mission of early intervention services in Kansas. A total of **4326** children were referred to the 37 Networks in Kansas during fiscal year 2000 (July 1, 1999 - June 30, 2000). This is a **4%** increase over the previous year.

Referral Sources

Medical/Health/Kan Be Healthy.....27.6% (1194)

Education/PAT/Count Your Kid In.....26.5% (1147)

Parents/Family/Friends.....22.6% (979)

NICU.....15.2% (656)

Other..... 8.1% (350)

Number of Children Found Eligible

Of the **4326** children referred for services, **940** were not evaluated because the family declined the evaluation, the family/child moved before evaluation either was implemented or completed, or the family could not be located after the referral. Of those

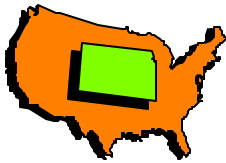
3386 children evaluated,

2576 were found eligible for services

313 were not eligible

497 were not eligible, but were considered "at risk"

435 were considered "automatically eligible" due to a diagnosed condition



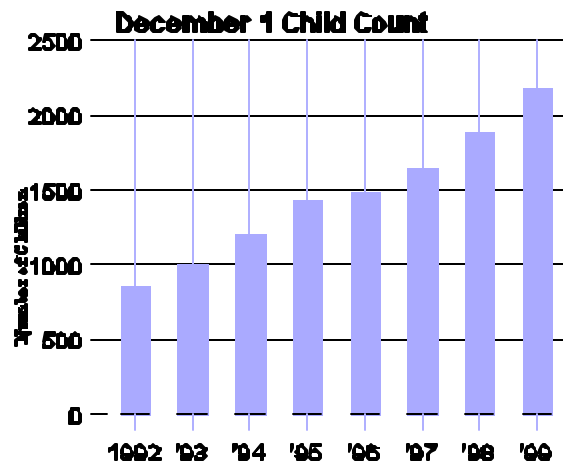
Of the 2576 children found eligible for infant-toddler services during this report period 83% were identified with developmental delay and 17% were admitted to services with a diagnosed condition. A sample from the *National Early Intervention Longitudinal Study*, in which Kansas is a participant, indicates that, nationally, 76% of eligible infants and toddlers were identified with developmental delay and 23% were admitted with a diagnosed condition.

The families of those children who are not eligible for services or those who are considered at risk are provided with information regarding community programs such as Parents As Teachers and Early Head Start. They are also given developmental information and locations where their children can receive developmental and health screening or assessment for continuous monitoring.

EARLY INTERVENTION SERVICES

The goal of early intervention services is to assist infants and toddlers to attain age-appropriate developmental levels; to enhance the capacity of infants and toddlers with developmental delays or disabilities to reach maximum potential; and to enhance the capacity of families to meet the special needs of their infants and toddlers. Some of the services provided to these infants and toddlers and their families are speech-language pathology, special instruction, transportation, vision, feeding, orientation and mobility, audiology, respite, social work, assistive technology, nutrition, physical therapy, nursing, occupational therapy, family training and counseling, health, psychological, and medical.

A Snapshot of the Infants and Toddlers Receiving Services on December 1, 1999:



Based on the December 1 Child Count, there was an 11% increase in the number of children served between the 1996 and 1997 counts, a 14% increase between the 1997 and 1998 counts, and a 16% increase between the 1998 and the 1999 counts.

The bar graph shows the increase in numbers of infants and toddlers served in Kansas from 1992 through 1999. This number is based on the annual December 1 Child Count.

Based on 114,311 live births in Kansas in 1997, 1998, and 1999, on December 1, 1999, the Infant-Toddler Networks were serving 1.9% of the birth to three population in Kansas. This percentage is very close to the desired federal target of 2%. This percentage has continued to increase over the past three years.

Calendar Years	Kansas Live Births	Part C Eligible/December 1	% of Total Children
95-97	110,802	1649 (Dec. 1, 1997)	1.5%
96-98	112,087	1884 (Dec. 1, 1998)	1.7%
97-99	114,311	2187 (Dec. 1, 1999)	1.9%

Age of Children:

Age as of 12/1/99	Number	% of Total
Birth to 12 months	371	17%
12 - 24 months	692	32%
24 - 36 months	1,124	51%
TOTAL	2,187	100%

The number of children under the age of one who are receiving Infant-Toddler Services on December 1 has increased over the past three years. This appears to indicate that Network child find activities are reaching children early.

1997.....	243
1998.....	302
1999.....	371

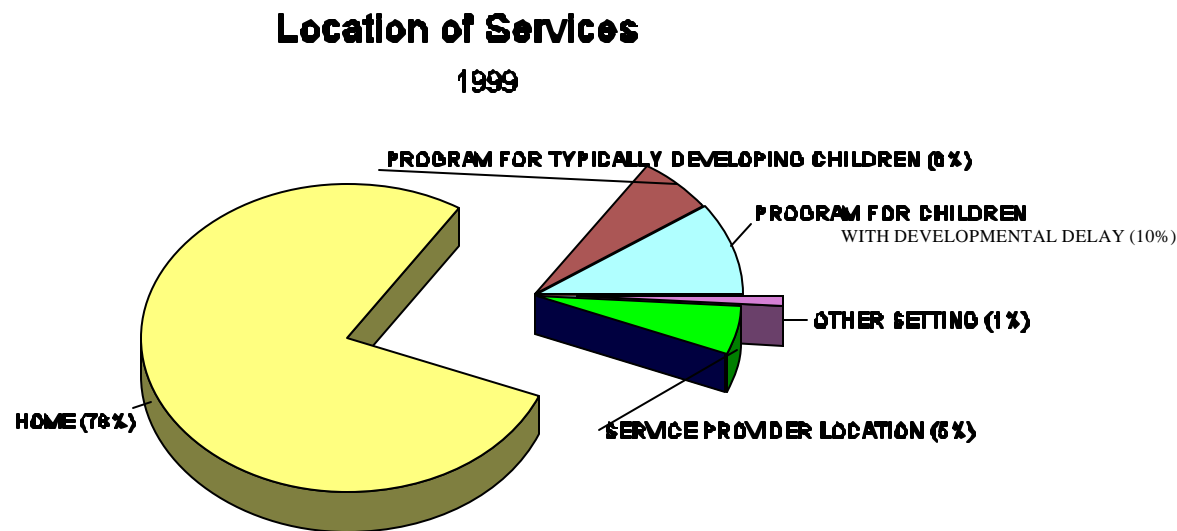
Race/Ethnicity:

Race/Ethnicity	Dec.1, 1999	% of Total
American Indian	20	<1%
Asian or Pacific Islander	39	2%
Black or African American	232	11%
Hispanic or Latino	247	11%
White (Not Hispanic)	1649	75%

The racial/ethnic composition of the population receiving early intervention services appears to be representative of the population as a whole, except for American Indian.

Settings In Which Infants and Toddlers Received Services:

Services and supports are provided in natural settings which mean places and situations where children without disabilities live, play and grow. These settings include homes, child care, community play groups, libraries, hospitals, etc. This natural environment maximizes the family and other caregivers as resources and encourages shared responsibility.



Number and Type of Personnel Providing Services:

Over **321** personnel were providing early intervention services to infant and toddlers on December 1, 1999. Not all of the individuals listed worked full time.

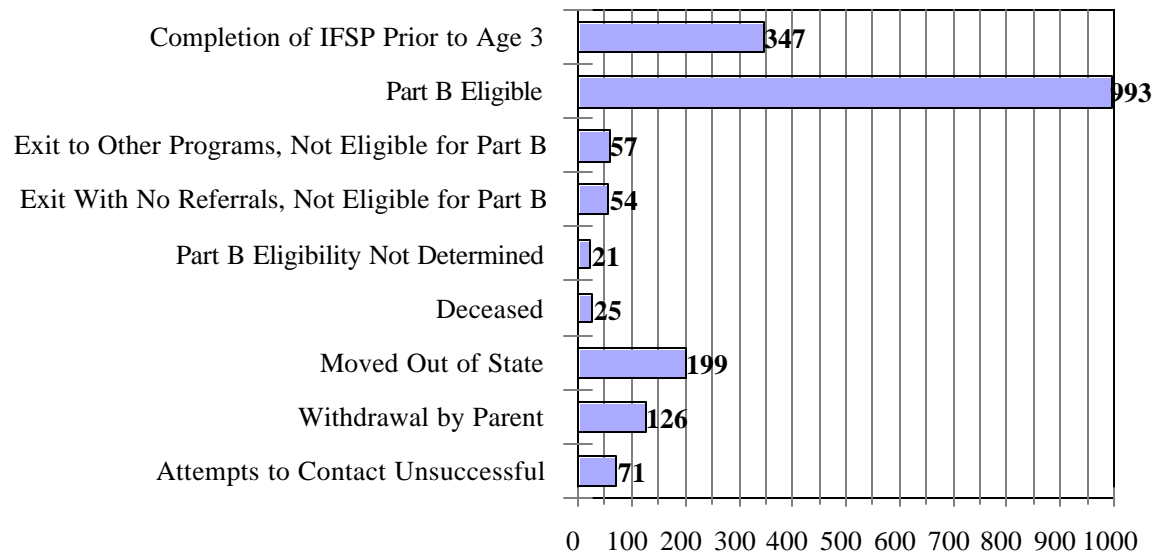
Audiologists.....	01.455	Orientation & Mobility Specialists.....	00.156	Psychologists.....	00.001
Family Therapists.....	01.600	Paraprofessionals.....	80.490	Social Workers.....	14.950
Nurses.....	15.370	Pediatricians.....	00.060	Special Educators.....	85.665
Nutritionists.....	00.536	Physical Therapists.....	22.480	Speech/Language Pathologists.....	46.257
Occupational Therapists.....	28.930	Physicians, other than Pediatricians.....	00.001	Other Professional Staff.....	21.730

TRANSITION

Any transition can make a significant difference to the child and family. The impact will vary depending on the child, the family, and the service providers. It is the responsibility of the service providers to identify, prepare for, and implement these transitions with the goal of making the least noticeable disruption possible, while providing the most appropriate services for the child and family. Transitions require interdisciplinary and interagency collaboration and cooperation and family involvement through every phase.

Collection of baseline data regarding the status of children exiting the Infant-Toddler Services Program began in 1999. It appears that most of the children who exit Part C transition to Part B or to other community services.

Report on Infants and Toddlers Exiting Part C Programs 7/1/1999 -- 6/30/2000



Based on 1893 Children Reported Exiting
Source: Federal Data Table 3; 1999-2000

PARTNERSHIPS IN KANSAS

Partnerships provide the framework for a seamless system of service provision to eligible infants and toddlers in Kansas.

Families Together, Inc.

Connie Zienkewicz, Executive Director
Darla Nelson-Metzger, Child Advocate
Coordinator

Families Together, Inc., the parent training and information center of Kansas, and Kansas Infant-Toddler Services (ITS) collaborate in many ways to serve the families of young children. This collaboration stems from our common belief that families need to know they are not alone; there are people throughout the state who can help and provide support.

Families Together serves parents and their children with disabilities ages birth through 21 years through four centers and with four regional coordinators located throughout the state. Staff at these centers and the coordinators assist families through the provision of Parent Networking Conferences, Family Enrichment Weekends, a Parent-to-Parent Program, and the Child Advocate Program. Kansas ITS helps fund these programs.

Parent Networking Conferences/Family Enrichment Weekends are free overnight events organized exclusively for parents and families. Parents have the opportunity to network with one another and attend several workshops.

In the **Parent-to-Parent** program, a newly referred parent is matched to a volunteer supporting parent. The match is generally made on the basis of disability, but can be made on another issue such as a medical procedure or on transition from infant-toddler services to another program.

The **Child Advocate** program is for infants and toddlers with disabilities whose parents are unknown, unavailable, or whose parental rights have been severed. Families Together staff in the Topeka office receive the referrals for child advocates, train people to become advocates, and match a child to the child advocate.

During this report period:

21 parent-to-parent matches were made;

45 parents of infants and toddlers with disabilities attended Parent Networking Conferences;

27 people were trained to act as child advocates; and

42 child advocates were appointed.

Perhaps the greatest way that Families Together helps families is through parent assistance calls or visits to their centers and to their regional coordinators. Their four toll-free numbers and Kansas' Make-A-Difference toll-free number are sent to all families on their mailing list. These numbers are also publicized via newsletters, flyers, and other public relations efforts.

For this report period:

229 parent assistance calls/contacts for families with infants and toddlers with disabilities were made.

Families Together staff also gave **42** presentations about their services to infant-toddler networks, and made **98** contacts with local interagency coordinating councils, with the State Interagency Coordinating Council, and with individual infant-toddler networks.

The Assistive Technology for Kansans Project

Sheila Simmons, Project Coordinator

Assisting young children with disabilities and their families to participate in and learn from daily, natural routines is the central objective of local infant-toddler providers. Kansas Infant-Toddler Services and Assistive Technology for Kansans (ATK) recognized that assistive technology devices and services needed to be a component of many family service plans if providers were to successfully support families. Seven years ago, few local infant toddler providers used assistive technology supports with their families due to a lack of assessment teams with a background in assistive technology, limited access to devices, and insufficient knowledge and experience on use of these devices in the natural environment. Kansas Infant-Toddler Services and ATK developed a plan to expand the knowledge base of local Kansas providers, establish relationships between the AT Access Sites and local providers, and increase short- and long-term access to assistive technology devices across the state. Over the years, this plan has been modified to better meet the needs of young children with disabilities, their families, and local providers, but the three central components have remained the same. These components include access to comprehensive assistive technology evaluations, development of the local team's

assistive technology knowledge base, and increased inventory and access to loan devices.

Comprehensive evaluations = 108

Thirty-two (32) were sponsored partially or entirely through Kansas ITS funds. Other third party payers were private health insurance, Kan Be Healthy, local infant-toddler networks, and hospital foundations.

Assistive technology devices = 270+

AT Access Site staff and infant-toddler family service coordinators collaborated to obtain funding for over 270 assistive technology devices which were recommended as a result of the evaluations.

Increased loan inventory = 185 devices

Most people benefit from the opportunity to try a device before they purchase it. Infants and toddlers may be the population who most benefit from the loan of assistive technology devices. Infants and toddlers who borrow equipment from the Loan System are allowed to keep the device as long as they need it if no one else is waiting for the item. Some children have been able to access a device on loan for the entire time that it was needed, so their family did not have to purchase the device.

Team Development = 200+

Local infant-toddler team members developed their assessment skills by observing and participating in the 108 collaborative assistive technology evaluations conducted for the children on their caseload. Through this observation and training, it appears that many infant-toddler teams are developing their own assistive technology evaluations, particularly in the areas of switch access, adapted play, early communication skills, and basic software solutions and access.

Four regional assistive technology workshops for providers and parents were held during this report period. They were conducted on the development of early literacy skills and adapting books for physical access and the promotion of communication skills; switch construction and toy adaptation; and software solutions. Topics were selected at the request of local providers and parents. **Forty-two (42)** local team members and **seventeen (17)** parents participated.

A full-day workshop was conducted at the annual AT Conference. No materials' fees were required of infant-toddler providers due to sponsorship of the workshop by Kansas Infant-Toddler Services. **Eight (8)** infant-toddler teams participated in the workshop. Over one hundred presentations were provided at the conference and **fifty-three (53)** attendees reported that at least a portion of their positions was associated with providing services to infants and toddlers with disabilities.

Additional collaborative results

/ 700 calls were received on the toll-free number from parents and providers;
/ Collaboration between ATK staff and infant-toddler family service coordinators has resulted in an increased focus on third party funding of digital hearing aids; and
/ Toy adaptation workshops held by some providers around the holidays have resulted in increasing the knowledge base of local providers and enhanced a feeling of camaraderie among parents and providers since providing a child with the ability to play like his peers and siblings is a key concern for many parents.

Summary

Kansas is able to boast that it is among the top ten states in providing access to assistive technology devices if one considers only the number of devices provided (TAP Bulletin, July 2000). Kansas is among the top five states when one compares provision of AT devices to the number of children receiving infant-toddler (Part C) services in the state. This pattern of service provision has been enhanced by the ongoing collaboration in Kansas between Kansas Infant-Toddler Services and ATK.

Mediation Training with Marvin Stottlemire, PhD, JD

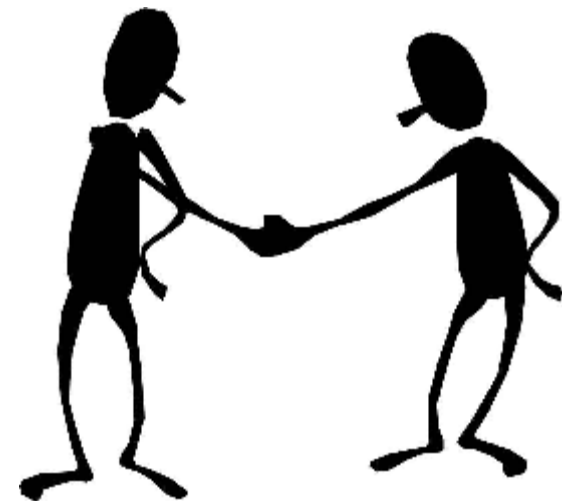
Part C of the Individuals with Disabilities Education Act (IDEA) federal regulations require the Kansas Department of Health and Environment Infant-Toddler Services to make provision for a mediation process as an option for the resolution of parent or public agency complaints which cannot be resolved at the local level. KDHE Permanent Administrative Regulations indicate that Kansas Infant-Toddler Services shall maintain a list of trained mediators to fulfill this regulation. Individuals appointed as mediators shall have an understanding of the program requirements of Infant-Toddler Services as well as training in the mediation process.

Dr. Marvin Stottlemire, hired as a consultant, prepared a training curriculum and materials and implemented this program in 1999. Training is now provided by Dr. Stottlemire in an annual two-day workshop. An annual one-day refresher workshop is provided for previously trained mediators.

During this report period, **nine (9)** mediators have been trained. These names are maintained at KDHE in order to fulfill the requirements of the federal regulation.

Supporting materials and forms were created by KDHE Infant-Toddler staff for use in an actual mediation process.

Planning is ongoing for the continuation of the mediation training to expand the list of qualified mediators.



Kansas State University/Kansas Child Care Training Opportunities (KCCTO)
Gwen Bailey, PhD, Kansas State University

In 1998, with funding assistance from Kansas Infant-Toddler Services, Kansas Child Care Training Opportunities, Inc. (KCCTO), identified for adaptation the *SpecialCare* curriculum developed by Child Development Resources in Norge, Virginia, as a training source for child care providers to encourage them to include children with disabilities in their child care settings. An additional unit (Unit VII) was developed for Kansas child care providers covering the topics of Americans with Disabilities Act, Individualized Family Service Plan, Individualized Education Program, and Behavioral Management issues. Approximately 110 child care providers were trained using this curriculum.

In July, 1999, the Kansas Infant-Toddler Services and KCCTO entered into an agreement under which the *SpecialCare* curriculum would be updated in relation to caring for infants and toddlers with disabilities. The training of child care providers, disability coordinators, and direct services personnel would continue.

During this report period:

• Revisions to Special Care Trainer's Manual and Caregiver Book were completed;

• Child Development Resources staff from Norge, Virginia, trained 26 individuals using the revised *SpecialCare* curriculum; and

• A survey of *SpecialCare* curriculum participants was conducted.

Survey:

The survey was sent to 375 participants (trained between 2/98 and 5/2000); 45 responses were received, for a response rate of 12%. 24 of these responses were received from participants trained between 2/98 and 10/99 which represented a response rate 10.3%. 21 responses were received from participants trained between 11/99 - 6/2000 which represented a 14.6% response rate.

The results of the survey were analyzed and used to further clarify the training needs of Kansas child care providers working with children with disabilities.

Number of children with disabilities:

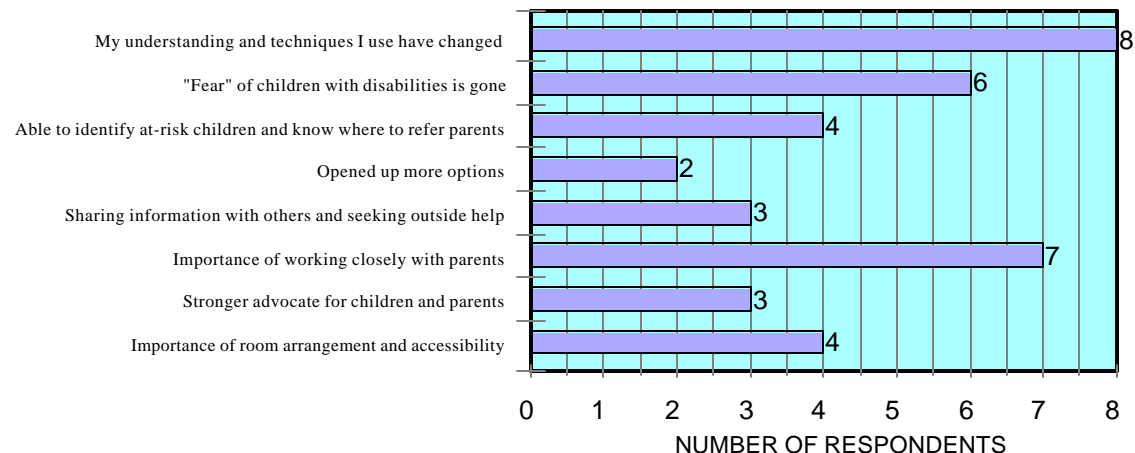
Providers reported caring for a total of 92 children with disabilities one year prior to taking the *SpecialCare* Curriculum. Of the 92 children, 28% were infant/toddlers

(0-3 years), 48% were preschoolers (3-5 years), and 24% were children over 5 years. Since taking the *SpecialCare* Curriculum, a total of 98 children with disabilities were cared for in child care. Infant-toddlers with disabilities being cared for remained at 28%.

Comfort Level: 41 (91%) of child care providers, reported that the training had increased their comfort level; 2 (4.5%) reported no it had not, and 2 (4.5%) gave no response.

Knowledge base: 41 (91%) reported that their knowledge of working with children with disabilities had increased after taking the *SpecialCare* Curriculum training; 3 (7%) reported it had not increased their knowledge and 1 (2%) gave no response.

Doing things differently as a direct result of taking *SpecialCare* Curriculum: 84% (38) child care providers responded. Responses:



National Early Intervention Longitudinal Study (NEILS)

Kathy Hebbeler, Project Director
SRI International

Overview

The National Early Intervention Longitudinal Study (NEILS) is a 5-year study, initiated in 1997, that will provide both descriptive and explanatory information about Part C Services across the country. In 1999, KDHE entered into an agreement with SRI International to expand the study in Kansas.

Information gathered by the study will be used by the U.S. Department of Education to respond to congressional questions that arise about early intervention; by policy-makers to make decisions about how to improve early intervention services and other federally funded services that affect children and families; by policy-makers to make decisions regarding state funding levels; by local network coordinators and service providers when making decisions about local service coordination; by parents of infants and toddlers with disabilities to help them advocate effectively for their children about local, state, and federal early intervention issues; and by higher education faculty who conduct preservice and inservice training of early intervention personnel to improve the knowledge and skills of current and future service providers and networks.

Narrative Report on Program Activities July 4, 1999 - September 30, 2000

General

- Collected enrollment data on children receiving early intervention services in Kansas.
- Completed study enrollment.
- Conducted and completed enrollment interviews with families agreeing to participate in the study.
- Established an ongoing tracking system in order to retain families who either have moved or whose children have turned 36 months.
- Communicated with state and local early intervention personnel regarding study recruitment and sample tracking.
- Continued to conduct transition interviews with families whose children turned 36 months.
- Continued to collect data on services, providers, and program directors.
- Began conducting first year interim interviews.
- SRI staff worked a total of 1187 hours on this project during this report period.

Specific Data Collection and Reporting Activities

- Enrolled 248 Kansas families in the study.
- 235 or 95% of the 248 families were interviewed. Of the families who were not interviewed, the reasons included family refusal, the child was deceased, the 16-week window for conducting the interview was exhausted, or the family could not be located. The percentage of families located for interviews remained consistently high throughout recruitment for the study.
- Interim interviews were conducted a year after enrollment. Of the 106 families eligible for an interim interview to date, 87 or 82% have completed the interview.

- Transition interviews are held when the child turns three years of age. Of the 101 families eligible to be interviewed to date, 77 or 76% of transitional interviews have been completed.
- Service records are mailed to a primary provider 6 months after the date of the first Individualized Family Service Plan (IFSP) or earlier if the child will be turning three years of age. To date, 467 service records have been mailed and 281 or 60% have been returned.
- Service provider surveys are mailed to all of the child's providers who are identified on the returned service records and to the most knowledgeable provider who is identified when a family is recruited into the study. To date, 169 provider surveys have been sent and 113 or 67% have been returned.
- Program director surveys are mailed to the directors of programs employing providers named on the returned service records. To date, 43 director surveys have been mailed and 32 or 74% have been returned.

Every other month, return rate summary reports about Service Records, Provider surveys, and Program Director surveys are prepared and mailed to the sites so that they can follow-up to encourage the return of surveys.

Upcoming Activities

- Submit the draft and final report on the Enrollment Family Interview.
- Continue to conduct transition interviews with families whose children are turning three.
- Continue to conduct one year interim interviews with families.
- Continue to collect data on services, providers, and program directors.
- Continue to track families.

Growing Together IV

Wichita State University

College of Education

Linda Mitchell, PhD, Project Director

Many pioneers in Kansas communities began the work on local interagency efforts for very young children and their families. They and the KDHE Infant-Toddler Services staff recognized the need to develop a method to track patterns of change and to glean directions for future actions. In 1994 the first *Growing Together* profile of local interagency coordinating councils in Kansas was published. Data for this publication was collected by interview and survey of these councils' members. In 1996 *Growing Together II* was published and in 1998, *Growing Together III* was produced.

In July, 2000, a contract was developed with Wichita State University to prepare and submit a revised survey of statewide local interagency coordinating councils, compile the survey results, and publish *Growing Together IV*. Data collected will be compared with previous *Growing Together* publications, which will enable KDHE to determine progress being made by the local councils and to identify areas in which assistance is needed.

To date, this survey has been formatted and printed and is ready for distribution to infant-toddler networks' interagency coordinating councils.

KITS – Kansas Inservice and Technical Assistance System

David Lindeman, PhD

Project Director

This project includes training and technical assistance for staff and networks providing early intervention services to infants and toddlers with disabilities and their families.

The project's training and technical assistance were completed through activities such as a summer institute, information dissemination, provision of inservice training, provision of agency and individual technical assistance, and development of technical assistance packets for practitioners. This program also continued to support and utilize existing structures and opportunities for staff development currently occurring throughout the state through collaborative linkages with other agencies, programs, organizations, and projects in the field of early intervention and early childhood.

Project accomplishments

- 675 attended direct trainings;
- 1515 attended co-sponsored trainings;
- 145 people assisted with program visits, technical assistance and observations;
- developed 16 technical assistance plans with infant-toddler networks;
- updated *Prenatal Exposure to Substances* technical assistance packets;
- disseminated 249 technical assistance packets;

- planned/provided annual Summer Institute – *Brain Research and Its Implications for Intervention in Natural and Least Restrictive Environments*;
- updated contract to include infant-toddler items in KITS Resource Center for access by infant-toddler networks;
- began purchase of some infant-toddler items for the Resource Center;
- displayed/distributed KITS poster, Quality Standards poster, Exemplary Practice poster; and Transition Planning Training poster at nine conferences; and
- held/attended 17 meetings/conference calls with advisory groups, committees, presenters, and/or Kansas Infant-Toddler Services.



Kansas University Affiliated Programs Infant-Toddler Network Monitoring Program

Vicki Turbiville, PhD
Project Co-Coordinator
Susan Jack, Project Co-Coordinator

Under Federal Regulation §303.501(b)(1-4) *Methods of administering programs*, it states that "the lead agency (KDHE Infant-Toddler Services) shall adopt and use proper methods of administering each program, including -

- (1) Monitoring agencies, institutions, and organizations used by the State to carry out this part;
- (2) Enforcing any obligations imposed on those agencies under Part C of the Act and these regulations;
- (3) Providing technical assistance, if necessary, to those agencies, institutions, and organizations; and
- (4) Correcting deficiencies that are identified through monitoring."

Through a contract with KDHE, the University of Kansas Affiliated Program (KUAP) coordinates the monitoring of infant-toddler networks in Kansas.

During this report period,

- 15 site visits were coordinated and completed;
- 20 new site visitors were trained, including six family members;
- revision of the community self-assessment, family survey, and service provider self-assessment were completed;

- quarterly planning/progress meetings were held between State infant-toddler staff and KUAP staff; and
- a presentation, *Including Families in Program Review Efforts*, developed by KUAP monitoring staff and a Kansas parent of a child with a disability, was presented at the national Division of Early Childhood conference held in Albuquerque, New Mexico.

Compilation by KUAP of Family Assessment responses during this report period indicated that

- the number of responses received increased by 23% between 1998 and 1999;
- 96% of mothers and 94% of the fathers who responded feel that their child's early intervention program includes what is important to them;
- 97% of mothers and 74% of the fathers responding indicate that they feel that they are a member of the team working with their child;
- 94% of the mothers and 90 % of the fathers responding were pleased with their child's progress;
- 97% of the mothers and 91% of the fathers responding feel that the services they receive fits into their family's schedule and routines; and
- 95% of the mothers and the fathers who responded are satisfied with the professional staff's quality of work.

Community self-assessment responses and on-site monitoring visits indicated success with community screening for child find, parental access to their child's early intervention records, parental written informed consent for evaluation, services, and release of information, timely referral of infants and toddlers who need services, family involvement in the evaluation process, utilization of qualified staff to provide services, child progress, and services coordination.

Improvement was noted in provision of services in natural environments, transition into another program when a child turned three years of age, utilization of local funds for services, and agency collaboration for service provision.

Areas of needed improvement identified in some networks -

- utilization of family centered practices in the Individualized Family Service Plan (IFSP);
- inclusion of other agencies involved with the child and/or family on the IFSP;
- inclusion of parents on the local interagency coordinating council, in the development of public awareness and child find materials, and in training;
- provision of services in natural environments;
- development of a comprehensive child find and public awareness system that helps identify all infants and toddlers in Kansas who need early intervention.

BIRTH TO THREE SYSTEM COMPONENTS

Public Awareness/Child Find

Identifying children with developmental delay and referring them to appropriate services as early in their lives as possible is a goal of Kansas Infant-Toddler Services. The percentage of birth-to-one-year-old children receiving services has continued to increase in the past three years.

Calendar Year	Kansas Live Births	# Under 1 Receiving Services Dec. 1	% of Total Under 1 Population
1997	37,191	243	.7%
1998	38,372	302	.8%
1999	38,748	371	1.0%

Local networks develop their own marketing and screening plans. Monthly screening is available through collaborative efforts with the infant-toddler lead agency, local health departments, mental health centers, family volunteers, school districts, Parents as Teachers, Early Head Start/Head Start, Social and Rehabilitation Services, the medical community, and others within their communities. These entities may also initiate direct referral for evaluation and/or intervention services. Local health departments and other providers offer Early and Periodic Screening, Diagnosis,

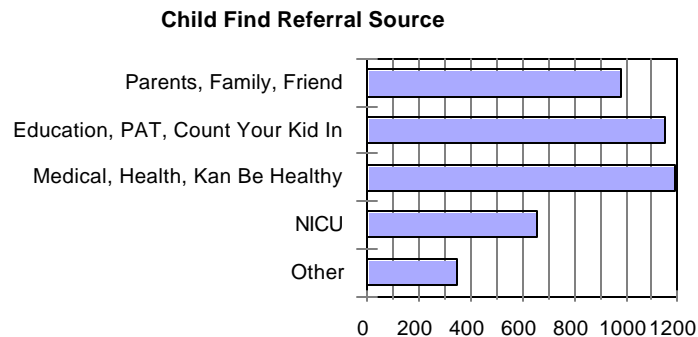
and Treatment (EPSDT), known as Kan Be Healthy. The hospitals in Kansas with Neonatal Intensive Care Units have developed a direct referral system to the community infant-toddler network which includes the infant-toddler lead agency, the infant's physician, and the local health department.

Other local efforts include the development of periodic follow-up screening for those infants and toddlers who are considered at risk for developmental delay; radio, television, and newspaper public service announcements in Spanish and English; information and developmental packets given to families of newborns; flyers and brochures posted throughout their communities; and poster displays at conferences and health fairs.

The Infant-Toddler Services state office continues to reprint quantities of its public awareness and parent materials for distribution by the infant-toddler networks.

Other state level child find and public awareness efforts include a contract with the Kansas Inservice and Technical Assistance System for poster sessions at conferences and other training, an infant-toddler listserv, an internet web site, and project brochures; an interagency agreement with the Kansas State Department of Education and the Kansas Department of Social and Rehabilitation Services which promotes participation in child find activities by their related local agencies; the Kansas Newborn Screening Program; and the Kansas Newborn Hearing Screening Program. State staff also participate on many state level early childhood committees such as the Early Head Start/Head Start Advisory Committee, Family Voices, the Early Childhood Stakeholders Advisory Committee, the Kansas Division of Early Childhood, and the Kansas Commission for the Deaf and Hard of Hearing.

Based on 114,311 live births in Kansas in 1997, '98 and '99, on December 1, 1999, the Kansas Infant-Toddler Program was serving 1.9% of the birth to three population in Kansas, which is very close to the national target of 2%. This percentage has increased from 1.5% in 1997.



Source: Semi-Annual Report 7/99 - 6/00

Central Directory

Kansas Infant-Toddler Services continues to use and to support the Make A Difference Information Network (MADIN), a computer information system accessible statewide through the toll-free number 800-332-6262 (V/TDD).

Interagency support for the MADIN is provided by the Kansas Department of Health and Environment, the Kansas Department of Social and Rehabilitation Services, and the Kansas State Department of Education. MADIN includes a comprehensive listing of services and resources available throughout the state for children and adults with disabilities, their families, and their service providers.

Supervision and Monitoring of Programs

Kansas' 37 infant-toddler networks receive onsite compliance reviews every three years. Team members providing these reviews include a State Infant-Toddler Services staff member, parents, service providers from another infant-toddler network in the state, and representatives from other agencies and/or communities in Kansas. These onsite reviews include interviews with parents of children receiving services, with community partners, and with service providers, a fiscal review, and a review of children's records. Areas targeted during the review:

- Community Network Planning
- Fiscal Information
- Community Collaboration and Accessibility
- Child Find and Public Awareness
- Service Delivery
- Personnel
- The Individualized Family Service Plan (IFSP)
- Evaluation/Eligibility/Assessment
- Transition
- Procedural Safeguards
- Natural Environments

After the onsite visit is completed, a Community Plan of Improvement is developed, and if needed, technical assistance is provided by the Kansas Inservice and Technical Assistance System staff and state infant-toddler staff.

Networks also forward semi-annual reports to the state infant-toddler staff for review and follow-up regarding strengths and concerns of their programs.

Information regarding site visits, family surveys, network self-assessments, and semi-annual reports is included in the Kansas University Affiliated Program report on page 16.

Complaint Resolution

Approximately 32 families lodged informal complaints with local networks or the Kansas Infant-Toddler Services office. Approximately 21 calls were made to the State office requesting information only. The complaints to the local networks were made by phone or by face-to-face discussion with a service provider. The complaints to the State office were made by telephone. Areas of concern were:

• service frequency/intensity	8
• transition	5
• service location	1
• service type	3
• a lack of communication with the provider	2
• payment for a medical service related to child's development	2
• provider scheduling	3
• time it took to complete a survey	2
• completion time of evaluation process/reports	6

No requests for mediation were received.

Personnel Development

Personnel providing services for Kansas Infant-Toddler Services must hold current and valid credentials in their professional field of practice, which comply with federal regulations requiring that personnel standards are to be the highest requirements in the state applicable to a specific profession or discipline. Kansas personnel credentialing standards are described in the Procedure Manual for Infant-Toddler Services in Kansas. Individual personnel credentials are reviewed locally during the site visit process.

Personnel receive their training and maintain professional standards through preservice, inservice, and continuing education systems of personnel development. Training offered during this report period included autism, natural environments, data collection, early brain development, assistive technology, and transition.

An annual training needs survey is circulated throughout the state by the Kansas Inservice and Technical Assistance Systems (KITS) staff to determine training priorities for the year. Evaluation forms, which include a request for those in attendance to identify their training needs, are completed at each of the four Infant-Toddler Regional Meetings held each year throughout Kansas.

Other organizations also provide training experiences for professionals, support personnel, and families. The Kansas Division for Early Childhood, the Kansas Speech-Language-Hearing Association, and Families Together, Inc. have targeted early identification/intervention as themes for their annual statewide conferences, mini-conferences, or regional meetings.

In the 1999-2000 report period, Kansas Infant-Toddler Services held two conferences on natural environments. The first, for service providers and families of children birth to five years of age, had over 325 people in attendance. Mary Beth Bruder from the University of Connecticut was the speaker. The second conference was for service providers and families of children birth to three years of age. Robin McWilliam from the Frank Porter Graham Institute in North Carolina was the speaker. Over 150 people attended that conference.

In the Fall of 1999, Kansas Infant-Toddler Services, Social and Rehabilitation Services (Head Start/Early Head Start), the Kansas State Department of Education, KITS, and other Head Start officials held a Head Start Collaboration Conference. Approximately 85 people representing community teams from across Kansas attended this conference. Plans are underway for the 2000 conference.

COLLABORATIVE PARTNERS

Together with Kansas Infant-Toddler Services (Part C), these partners provide financial and in-kind contributions to fund or support early intervention services.

- , Title V -- Social Security Act
(Maternal and Child Health)
- , Title XIX -- Social Security Act
(Medicaid and EPSDT)
- , Educational Funding - Categorical Aid
- , County Health Departments
- , Mental Health and Developmental Disabilities
- , Services for Children with Special Health Care Needs
- , Community Developmental Disabilities Organizations
(CDDOs)

- , Head Start
- , Early Head Start
- , County Commissions
- , United Way
- , Insurance Companies
- , Area Hospitals
- , Women, Infants, and Children (WIC)
- , Social and Rehabilitation Services
- , Other Local Organizations

SUMMARY OF FUNDING

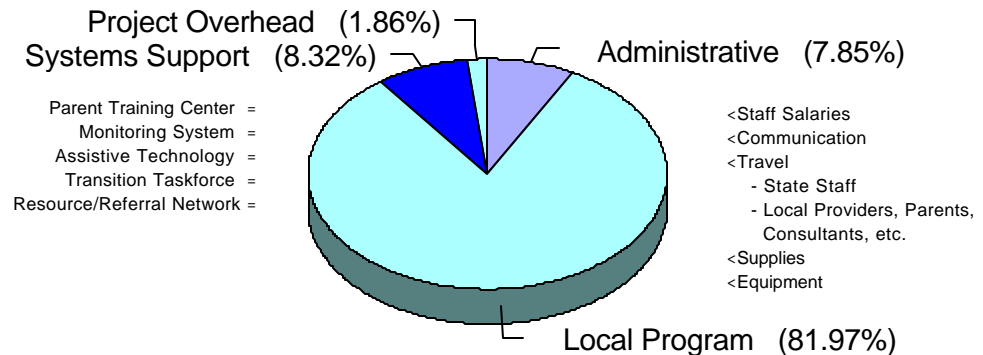
State funds, in addition to federal grant funds, are being utilized to help achieve the provision of essential services to infants and toddlers with developmental delays and disabilities and their families in Kansas. By action of the Kansas Legislature, Infant-Toddler state funds for SFY 2000 were increased by \$500,000, from tobacco funds, totaling \$2,492,000. All (100%) state funds go to Infant-Toddler Networks for program implementation.

Federal grant funds under Part C of the Individuals with Disabilities Education Act (IDEA) are awarded annually to Kansas Infant-Toddler Services after its successful submission of an application to the Office of Special Education Programs in Washington, D.C. The Federal allocation for 7/1/99 was \$3,335,406.

Infant-Toddler (Part C) Federal Fund Expenditures for the period July 1, 1999 through September 30, 2000 (reporting period as required by the United States Department of Education, Office of Special Education Programs).

Total Administrative	\$ 261,907
Sponsored Project Overhead	61,930
Systems Support	277,633
Local Program Expenditures	<u>2,733,936</u>
Total Expenditures	\$ 3,335,406*

*Because of state and federal fiscal year calendars, these data show actual federal fund expenditures, NOT amounts committed but not yet paid.



THE KANSAS COORDINATING COUNCIL ON EARLY CHILDHOOD DEVELOPMENTAL SERVICES

Kansas' efforts to implement Part C of the Individuals with Disabilities Education Act are based largely on the continuing development of interagency cooperation and collaboration at both the State and community levels. The Coordinating Council on Early Childhood Developmental Services (CCECDS) continues to provide support in achieving a seamless system of community-based and family-centered services across the state.

Council Mission

To ensure that a comprehensive service delivery system of integrated services is available in Kansas to all children with developmental delays or disabilities from birth through age five, and their families.

Comprised of members representing parents of children with special needs, legislators, early intervention service providers, state agencies, and public members, the Council is committed to the vision of Infant-Toddler Services in Kansas.

Standing committees and task forces are utilized by the Council in order to gather information that will assist them in making beneficial and supportive recommendations to Kansas Infant-Toddler Services. Family members, Network service providers, and local interagency coordinating council members serve on these committees and task forces. Results of their collaborative efforts this past fiscal year:

- ? Completed a collaborative, state-wide training process on transitions for children at age 3 from Part C to Part B. Feedback from participants was quite positive.
- ? Worked with the Children's Cabinet in developing Smart Start Kansas. This collaborative effort to improve the lives of Kansas preschoolers disseminated funds from the master tobacco settlement to seven local communities.
- ? Coordinated testimony from various partners to present a unified position for the Board of Education when they modified teacher licensing. The result was a comprehensive teaching license for teachers of all children birth through five years of age.
- ? Continued to see an increase in total usage of Medicaid funds by local infant-toddler Networks, resulting from our efforts to create a separate early intervention provider type.
- ? At the request of the Council, the Commissioner of Education clarified the availability of school funds to pay tuition for placements in private preschools. The end result should be fewer problems for transitions at age 3 and more children served in the least restrictive environment.

Membership of the Kansas Coordinating Council on Early Childhood Developmental Services

The Kansas Coordinating Council meets monthly to advise and assist the lead agency in matters related to the infant-toddler program in Kansas.

Chair:

Deborah Voth
Service Provider Member
Rainbows United, Inc., Wichita, KS

Governor's Representative:

Susan Mahoney, Topeka, KS

Legislators:

The Honorable Don Biggs, State Senator, Leavenworth, KS
The Honorable Brenda Landwehr, State Representative, Olathe, KS

Board of Regents:

Wayne Sailor, KU-UAP, Lawrence, KS

Public Members:

Chris Baird, USD 308 - Head Start, Hutchinson, KS
Dave Lindeman, KUAP, Parsons, KS

Providers:

Cheryl Coleman, Bright Circle Montessori School, Topeka, KS
Sharon Hixson, Russell Child Development Center, Garden City, KS
Deborah Voth, Rainbows United, Inc. Wichita, KS

State Agencies:

Kansas Department of Health and Environment - Clyde Graeber, Secretary
Kansas State Department of Education - Andy Tompkins, Commissioner
Kansas Department of Social and Rehabilitation Services - Janet Schalansky, Secretary
Kansas Insurance Department - Kathleen Sebelius, Commissioner

State ICC Staff:

Doug Bowman, Topeka, KS

Parents:

Pam Chapin, Overland Park, KS
Mimi Nagle, Overland Park, KS
Gloria Rader, Wichita, KS
Nicki Twiss, Garden City, KS



ACCOMPLISHMENTS

Kansas has a statewide system of community-based early intervention networks which includes all 105 counties in Kansas. The initiative and widespread support at the grassroots level are responsible for the establishment, maintenance, and success of these networks.

In addition, Kansas Infant-Toddler Services, in collaboration with the Kansas CCECDS and other agencies and organizations:

- ? Worked with Families Together, Inc., the Kansas Parent Training and Information Center, to provide child advocates and child advocate training, and to support Parent-to-Parent activities designed to provide support to parents of children with disabilities or developmental delays. Refer to the Families Together, Inc. report for related information.
- ? Implemented semi-annual infant-toddler coordinator meetings. The first meeting was held in September, 2000. These meetings provide an opportunity for the 37 network coordinators to discuss issues, identify challenges to comprehensive services, receive updates and clarification on policy changes, and to access ideas for network service delivery refinement.
- ? Established a task force to update the Kansas Infant-Toddler Services public awareness materials that are distributed to the early intervention networks.
- ? Distributed more than 25,000 informational materials and brochures to early intervention networks, to primary referral sources, and to other interested individuals and organizations for statewide dissemination.
- ? Established and trained an infant-toddler steering committee to begin Kansas' self-assessment process in preparation for monitoring by the Office of Special Education Programs (OSEP) in Washington, D.C.
- ? Provided services to more than 3500 infants and toddlers with disabilities and their families.
- ? Developed, in collaboration with KITS, an exemplary practice award to be given annually to infant-toddler networks for practices in an identified area that go beyond state and federal requirements. The first awards, based on exemplary practices in evaluation and assessment, were presented to three networks at the Spring, 2000 Kansas Division of Early Childhood Conference.
- ? Through extensive state-wide training, significant improvement was noted in the provision of services in natural environments and in transition services.
- ? Identified four (4) pilot sites and implemented MTI PhotoScreeners in order to determine if current vision guidelines are identifying all possible vision problems for referral.

- ? Developed a grant with Wichita State University to complete the *Growing Together IV* survey and report. Refer to the WSU report for additional information.
- ? Held ten (10) regional meetings providing information on natural environments, autism, family service coordination, data collection, federal regulations, and policy and procedures to over 400 providers, parents, and others. In addition, a statewide Spring Conference was held which attracted over 300 participants and provided information about natural environments.
- ? In July, 2000 added to the KITS contract with Kansas Infant-Toddler Services, the acquisition of resource materials for loan to the infant-toddler networks.
- ? Assisted with funding for the annual Families Together, Inc. conference. Kansas Infant-Toddler Services staff also presented at the conference.
- ? Collaborated with universal newborn hearing screening to develop referral and follow-up procedures.
- ? Updated local self-assessment process to provide data regarding quality indicators for program improvement.
- ? Through collaboration with the Assistive Technology for Kansans Project:
 - ? provided assistive technology evaluations to 108 infants and toddlers;
 - ? assisted with funding or helped locate funding for 270+ assistive technology devices;
 - ? increased the assistive devices loan inventory;
 - ? provided a series of interactive technology workshops for parents and providers.

ACTIVITIES TO IMPROVE SERVICES AND SUPPORTS

Movement toward program improvement has been significant in past years. Some goals from past years have been completed, some are being refined, and new ones have been added. Infant-Toddler Services at KDHE and the Kansas CCECDs are committed to the following:

- ? Continued participation in the National Early Intervention Longitudinal Study (NEILS) which will provide descriptive and explanatory information about early intervention services that can be used by federal and state policy-makers and local coordinators to make implementation, funding, and improvement decisions regarding early intervention services. Parents can use the information to help them advocate effectively for their children regarding early intervention services.
- ? Continue to utilize brain research to provide a scientific basis for policy decisions, making early intervention a priority.
- ? Develop a four-day workshop for network teams to review family centered services, the IFSP, family services coordination, and other significant areas identified at network site visits and in our OSEP self-assessment.
- ? Continue data collection at the four pilot sites for the MTI PhotoScreeners to determine if current vision guidelines are identifying all possible vision problems for referral or if the addition of PhotoScreeener is needed to assist with identification.
- ? Develop a collaborative state-wide effort to identify effective identification and intervention methods for autism and its associated disorders.
- ? In collaboration with other agencies, develop a conference on infant mental health.
- ? Increase delivery of services to children in their natural environments.
- ? Ongoing implementation of a comprehensive statewide public awareness program to increase access to, knowledge of, and support for early intervention services.
- ? Refine the Kansas Infant-Toddler monitoring process to include missing OSEP indicators.
- ? Continued collaboration with the Kansas State Department of Education to improve the transition process from Part C to Part B.
- ? Continued develop and promotion of the statewide system of mediation to resolve complaints initiated by parents or local program providers.
- ? Develop contract for the revision/update of the *Bridging Early Services* transition guides that were developed in 1995.
- ? Expand training of Hospital to Home Transition to include all Kansas networks and applicable hospital personnel in order to reinforce and increase the hospital personnel's awareness of community services available to infants and toddlers and the network's awareness of how the hospital personnel can help them.

- ? In collaboration with the Kansas State Department of Education, complete and submit Kansas' self-assessment report to the Office of Special Education Programs (OSEP).
- ? Implementation of an interagency information management system.
- ? Continued review and expansion of a Comprehensive System of Personnel Development to provide preservice and inservice training to early intervention practitioners.
- ? Continued collaboration with Kansas Child Care Training Opportunities, Inc., for training of child care providers in order to increase their knowledge of infants and toddlers with disabilities so that they will include these children in their child care settings.
- ? Identification and appropriation of additional resources to supplement Part C funding of services.
- ? Expanded service options for families, and continued family involvement in decision making activities.
- ? Increased participation of Kansas CCECDS members in committee activities.
- ? Increased provision of technical assistance to local networks to expand funding sources.
- ? Increased provision of technical assistance to local networks to improve services for children and families.
- ? Continue collaboration with SRS Medicaid to implement reimbursement for developmental intervention services for Part C eligible children.